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Bib Data Sheet

CONFIRMATION NO. 6120

<b>SERIAL NUMBER</b> 10/803,575	<b>FILING OR 371(c) DATE</b> 03/17/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> HDAC-5005-C1
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/455,437 03/17/2003 and claims benefit of 60/531,203 12/19/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 04/23/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 95	<b>INDEPENDENT CLAIMS</b> 12
Verified and Acknowledged	Allowance <i>al-ol</i> Examiner's Signature	Initials <i>ch</i>			

**ADDRESS**

32793

**TITLE**

Histone deacetylase inhibitors

<b>FILING FEE RECEIVED</b> 3024	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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